



REQUEST FOR CONVERSION OF A GAMBLING BUSINESS REGISTRATION TO A LICENSE (CGCC – 537)

This form is to be submitted to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231 by each registrant that has received a summons from the Bureau of Gambling Control.

Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application.

SECTION 1: REGISTRATION CATEGORY

Owner ☐ Player ☐ Supervisor ☐ Other Employee ☐

SECTION 2: APPLICANT INFORMATION

Applicant's Full Legal Name:

First	MI	Last
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Other Names:

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Mailing Address:

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Applicant's Business Telephone Number:

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Applicant's Business Facsimile Number (if applicable):

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TPPPS Registration Badge #

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Social Security Number (for identification purposes):

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SECTION 4: PRIMARY OWNER INFORMATION

Primary Owner's Name:

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SECTION 5: DECLARATION

I declare under penalty of perjury under the laws of the State of California that all information submitted with this form is true, correct, and complete.

Applicant Signature: _____ Date: _____

Designated Officer Signature: _____ Date: _____

*Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.